

DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPROVAL APPLICATION FOR A
PUBLIC WATER SUPPLY WELL
INTENDED TO SERVE A
COMMUNITY PUBLIC WATER SYSTEM
SERVING LESS THAN 250 PEOPLE

* This application is for a well to serve a new or existing public water supply only.
Compliance of the entire water system will be evaluated during a comprehensive
inspection by the Drinking Water Program.



Water Utility
Mobile Home Park
Nursing Home
Apartment Building
Condominiums
and others



Drinking Water Program
Division of Health Engineering
Bureau of Health
Department of Health and Human Services
11 State House Station, 161 Capital Street
Augusta, Maine 04333-0011
TEL: (207) 287-2070 TTY: (207) 287-5550 FAX: (207) 287-4172
Web Address: <http://www.medwp.com>

IS YOUR ESTABLISHMENT A PUBLIC WATER SYSTEM?

A public water system is defined as any publicly or privately-owned system of pipes, structures and facilities through which water is obtained for or sold, furnished or distributed to the public for human consumption; if such system has at least 15 service connections or serves at least 25 individuals daily at least 60 days out of the year. The term "public water system" shall include any collection, treatment, storage or distribution pipes, structures or facilities under the control of the supplier of water and used primarily in connection with such system, and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system.

From the State of Maine Rules Relating to Drinking Water

This means that if you serve water from your own source (well or surface intake) to 25 or more people per day, or have 15 or more service connections, and operate for 60 or more days per year, you are operating a public water system. There are three types of public water systems and each is regulated differently. The three types are:



Community Public Water System

A public water system which serves water to people in their place of residence. Examples include water utilities, mobile home parks, apartment buildings, nursing homes, etc.



Non-transient, Non-community Public Water System

A public water system which serves water to essentially the same people for at least 6 months per year, but not in their place of residence. Examples include schools, office buildings, factories, etc.



Transient Public Water System

A public water system which serves water to a constantly changing population of consumers. Examples include restaurants, camps and campgrounds, motels and hotels, and bottled water companies.

If you are planning a new well for a **community public water system serving less than 250 people**, all the materials you need are in this packet. If you are planning a well for a transient system, a non-transient, non-community system, or a larger community system, please request the appropriate packet from the Drinking Water Program.

Please contact Haig Brochu at (207) 287-6542 or at haig.brochu@maine.gov, or Jeff Folger at (207) 287-5682 or at jeff.folger@maine.gov at the Drinking Water Program if you have any questions concerning the process for reviewing an application for a new well. If this well is to serve a new Community Public Water Supply, compliance of the entire water system will be evaluated during a comprehensive inspection by the Drinking Water Program. Please contact Nate Saunders at 287-5685 or, nathan.saunders@maine.gov for more information.

**GETTING STATE APPROVAL FOR A NEW PUBLIC WATER SUPPLY WELL
FOR A COMMUNITY PUBLIC WATER SYSTEM
SERVING LESS THAN 250 PEOPLE**

If you own or operate a public water system in Maine, or are planning to establish one, drilling and utilizing a new well for serving water to the public requires written approval from the Maine Drinking Water Program in the Department of Human Services (the Department). This packet of information has all the materials you need to complete this process. Enclosed you will find:

FOR BEFORE THE WELL IS DRILLED:

1. A DRINKING WATER PROGRAM QUESTIONNAIRE

This form is required only if your establishment has never been a regulated public water system before. The questionnaire requests basic information including your mailing address, details about the facility you propose to operate, and, if a seasonal business, when it will be operated.

2. A REQUEST FOR PRELIMINARY APPROVAL

BEFORE the well is drilled, you must receive written approval of the location at which the well will be drilled. Preliminary approval requires that you submit:

- > A location map;
- > A Preliminary Approval Application (included in this packet); and,
- > A Site Plan (instructions on preparing a site plan are included in this packet).
- > A copy of the HHE 200 design form for all septic systems on-site.

3. A SAMPLE SITE PLAN

Two sample site plan is attached to assist you in preparing a plan of your property. The first step is to calculate the wellhead protection area (WHPA). The WHPA is a circle whose radius is determined based on the population served by the water system. Use the graph and table below to determine the WHPA for your well (For example, a well to serve a water system of 800 people

4. A CHECKLIST OF POTENTIAL CONTAMINATION SOURCES

You must identify any potential contamination sources in the 300'-radius protection area around the well. A checklist from the Maine Wellhead Protection Program is included for reference.

**REMEMBER THAT THE WELL MUST BE DRILLED BY A WELL
DRILLER LICENSED IN THE STATE OF MAINE. FOR A LIST OF
LICENSED WELL DRILLERS, CONTACT THE MAINE WATER WELL
DRILLING COMMISSION AT (207) 287- 5699.**

FOR AFTER THE WELL IS DRILLED:

5. A LIST OF WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL

AFTER the well is drilled, it must be tested to ensure that the water meets drinking water standards. The enclosed list identifies the nine tests required for approval of a community water system. Remember that the tests are to be taken at the conclusion of a pump test. A 48-hour pump test is required.

6. A REQUEST FOR FINAL APPROVAL

You must receive a letter of final approval from the Department prior to putting the well on line. Final approval requires submission of a completed application (describing the characteristics of the well, the date it was drilled, who drilled it, etc.). You must also attach results of all required water quality tests and a completed Water System Component Checklist.

WHEN PUTTING AN APPROVED WELL ON-LINE:

If the water meets drinking water standards, you will receive a letter of final approval and an ON-LINE NOTICE. This notice is to be filled out and returned when the well is put on line. It will enable the Department to notify you of required tests and help you remain in compliance with the Safe Drinking Water Act.

NEW PUBLIC WATER SYSTEM INFORMATION

Complete this form if your facility is not presently regulated as a public water system. It will ensure that you take only the necessary water tests and that all information is sent to the proper address.

OFFICE USE ONLY

PWSID# _____

Date Entered _____

FACILITY AND CONTACT INFORMATION

THE FACILITY:

Facility Name _____

Tax Map & Lot Number _____

Road Address _____

City or Town _____

On-site Contact Person _____

On-site Phone _____

OWNER OR REPRESENTATIVE:

Owner's Name _____

Mailing Address _____

City or Town _____

State and Zip Code _____

Owner/Rep. Phone _____

How many feet is the nearest property line? _____ (Feet)

How much of the land is controlled and/or owned? _____ (Acres)

I certify that, to my knowledge, the information on this form is true and accurate. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature _____

Title _____

Print Name _____

Date _____

ESTABLISHMENT DESCRIPTION

CHECK ALL THAT APPLY:

NUMBER OF:

- | | | | |
|---|---------------------------|-------------|-----------------|
| <input type="checkbox"/> Restaurant | _____ seats | _____ meals | _____ employees |
| <input type="checkbox"/> Hotel or Motel | _____ units | | |
| <input type="checkbox"/> Campground | _____ sites | | |
| <input type="checkbox"/> RV Park | _____ sites | | |
| <input type="checkbox"/> Children's Camp | _____ campers & staff | | |
| <input type="checkbox"/> Water Utility | _____ service connections | | |
| <input type="checkbox"/> Mobile Home Park | _____ licensed sites | | |
| <input type="checkbox"/> Apartments | _____ units | | |
| <input type="checkbox"/> School | _____ students plus staff | | |
| <input type="checkbox"/> Elderly Apartments | _____ units | | |
| <input type="checkbox"/> Business | _____ employees | | |
| <input type="checkbox"/> Hospital, Nursing Home | _____ beds plus employees | | |
| <input type="checkbox"/> Boarding Home | _____ beds plus employees | | |

If a Take-Out Eating Establishment, check which of these services will be provided and will use water from the well:

- | |
|--|
| <input type="checkbox"/> Fountain soda |
| <input type="checkbox"/> Coffee |
| <input type="checkbox"/> Slush drinks |
| <input type="checkbox"/> Cup dispenser in bathroom |
| <input type="checkbox"/> Soft serve ice cream |
| <input type="checkbox"/> Water bubbler |

Is this a seasonal operation? _____ If yes, Season begins? _____ Season ends? _____

Comments/Notes: _____

**REQUEST FOR PRELIMINARY APPROVAL
NEW PUBLIC WATER SUPPLY WELL
COMMUNITY WATER SYSTEM SERVING LESS THAN 250 PEOPLE**

NOTE: Preliminary approval is required before the well is drilled.

FACILITY INFORMATION

Facility Name _____
Street Address _____
Town or City _____
On-site Contact _____
On-site phone _____

**Facility Type
(Check all that apply):**

- ☐ Water Utility
☐ Mobile Home Park
☐ Nursing Home
☐ Apartment Building
☐ Condominium
☐ Other (Describe below.)

**For Help Completing this
Form, Call (207) 287-6542.**

This application is for (check one):

- ☐ An additional or new well for an existing public water system? PWSID#:
☐ A well for an existing facility which has not been regulated before?
☐ A well for a proposed facility, which has not yet been constructed?

I plan to drill the well by _____ (date). I want to have it on-line by _____ (date).

I understand that my application will be denied unless I provide:

A location map (an "X" drawn on a map from the Maine Atlas and Gazetteer is sufficient).

A site plan (more detailed map of the well site) including:

- A scale (1" = 100' or similar).
- All potential contaminant sources (leach fields, fuel tanks, etc.) within 300 feet of well.
- Surface water bodies (lakes, streams, ponds) within 300 feet of the well.
- Property boundaries and the land uses on adjacent properties.
- The general slope of land near the well.

A copy of the HHE 200 design form for all septic systems located on-site.

CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. To my knowledge, no site details have been omitted which would have a bearing on the suitability of the site for installation of a public water supply well. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature _____
Print Name _____

Title _____
Date _____

Enclose location map and site plan and return to:

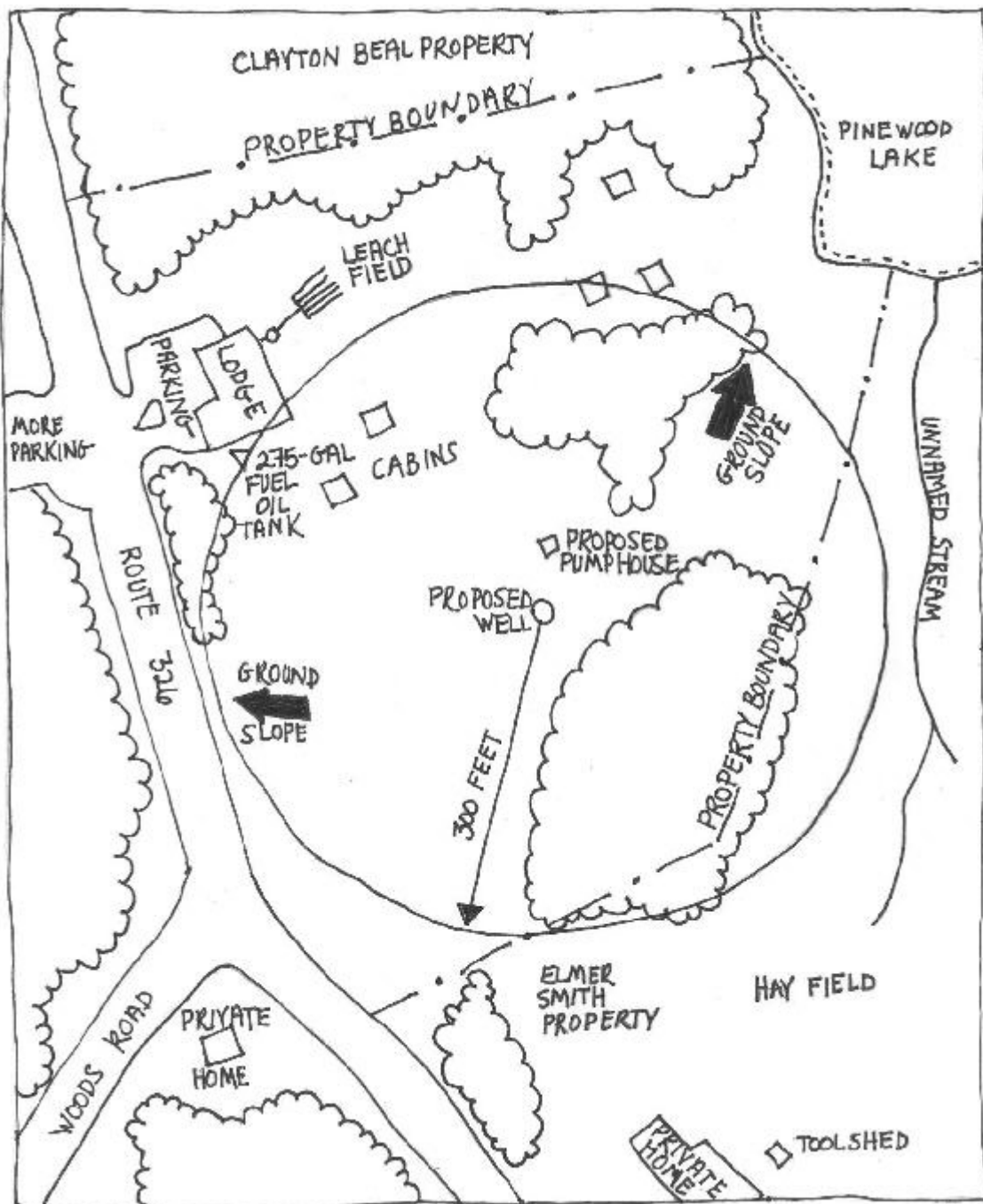
New Well Approval
Drinking Water Program
11 State House Station
Augusta, Maine 04333-0011

Allow 30 days for processing.

OFFICE USE ONLY	
NWT	
PWSID NUMBER	
SOURCE ID NUMBER	
PROJECT MANAGER	
DATE OF SITE VISIT	
DATE RECEIVED	
DATE APPROVED	

POTENTIAL SOURCES OF CONTAMINATION (PSC), CURRENT OR PAST

PWS Name _____			PWSID# _____		
Number of PSCs	Land Use Activity	Distance to well	Number of PSCs	Land Use Activity	Distance to well
HERBICIDE / PESTICIDE USE			OTHER		
	1. Agricultural chemical spreading or spraying			50. Abandoned well	
	2. Agricultural chemical storage			51. Boat builder, refinisher, maintenance	
	3. Bulk grain storage			52. Chemical reclamation	
	4. Chemically fertilized agricultural field			53. Food processor	
	5. Golf course			54. Graveyard & cemetery	
	6. Herbicide sales or applicator			55. Heat treater, smelter, annealer, descaler	
	7. Nursery or garden shop			56. Incinerator	
	8. Pesticide sales or applicator			57. Industrial discharge	
	9. High voltage transmission lines			58. Industrial manufacturer	
PETROLEUM / HYDROCARBON USE (VOCS OR SEMI-VOCS)				59. Industrial waste disposal	
	10. Aboveground oil storage tank (including home heating oil tanks)			60. Landfill, dump, transfer station	
	11. Underground oil storage tank			61. Metal plating	
	12. Airport fueling area			62. Military facility	
	13. Airport maintenance			63. Monitoring well	
	14. Auto chemical supply wholesaler			64. Railroad yard or line	
	15. Auto repair			65. Recycling or processing center (<i>other than beverages</i>)	
	16. Body shop			66. Research laboratory	
	17. Concrete, asphalt, tar, coal company			67. Residential home	
	18. Dry cleaner			68. Rust proofer	
	19. Furniture stripper			69. Salt pile or sand & salt pile	
	20. Gas station, service station			70. Septic system, septic waste disposal	
	21. Junk or salvage yard			a. Beauty parlor	
	22. Machine shop			b. Car wash	
	23. Oil pipeline			c. Laundromat	
	24. Painters, finisher			d. Medical, dental, veterinarian office	
	25. Parking lot			e. Mortuary/ funeral parlor	
	26. Photo processor			f. Multi-unit housing	
	27. Printer			g. Single-family housing	
	28. Sand & gravel mining, other mining			h. Other _____	
	29. Small engine repair shop			71. Sewer line	
	30. Snow dump (large commercial or municipal)			72. Sludge disposal or spreading	
	31. Stormwater impoundments or run-off area			73. Wastewater impoundment area	
	32. Truck terminal			74. Wastewater treatment plants, discharge	
BACTERIA AND INORGANICS SUCH AS NITRATES / NITRITES				75. Wood preserver	
	40. Animal burial (large scale site)			76. Other – Please indicate other potential contamination sites not included in this list. _____	
	41. Animal grazing				
	42. Barnyard				
	43. Manure pile				
	44. Manure spreading				
	45. Meat packer, slaughter house				
	46. Municipal wastewater plant				



EXAMPLE OF A SITE PLAN FOR PRELIMINARY APPROVAL OF PROPOSED WELL

An acceptable site plan must include:

- A scale (1" = 100' or larger);
- Potential sources of contamination within 300' (leach field, fuel tank, etc.);
- Property boundaries;
- A description of land uses on adjacent properties;
- The general slope of land near the well; and
- Surface water bodies within 300 feet of the well.

REQUEST FOR FINAL APPROVAL OF A NEW PUBLIC WATER SUPPLY WELL TO SERVE A COMMUNITY WATER SYSTEM SERVING FEWER THAN 250 PEOPLE

WELL CONSTRUCTION INFORMATION

Facility Name _____
 Street Address _____
 Town or City _____
 On-site Contact _____
 On-site Phone _____

**FOR HELP FILLING OUT
THIS FORM CALL (207)
287-6542.**

COMPLETE FOR WELLS:

COMPLETE FOR BEDROCK WELLS:

COMPLETE FOR GRAVEL WELLS:

Name & Address of Well Driller:	Required Water Tests: <input type="checkbox"/> Inorganic Parameters TE1 <input type="checkbox"/> Extended Inorganics TE3 <input type="checkbox"/> Volatile Organics TSN <input type="checkbox"/> Radon TSS <input type="checkbox"/> Gross Alpha TSU <input type="checkbox"/> Semi-volatile Organics TSO <input type="checkbox"/> Herbicide Screen TQ1 <input type="checkbox"/> Carbamate Pesticide TQ3 <input type="checkbox"/> Pesticide Screen TCP	Date drilled:	Date drilled:
Driller's License #:		Total depth:	Total depth:
Pump test duration (hours):		Depth to bedrock:	Depth to top of screen:
Water tests must be conducted by a certified laboratory. If you choose to use the State Health and Environmental Testing Laboratory, call (207) 287-1716 to order sample bottles.		Length of casing:	Length of screen:
		Diameter of casing:	Diameter of casing:
		Safe Yield (GPM):	Safe Yield (GPM):

CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. I certify that the water test results are from raw water samples taken from the well described above. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature _____ Title _____

Print Name _____ Date _____

Attach copies of water quality test and return to:

New Well Approval
 Drinking Water Program
 11 State House Station
 Augusta, Maine 04333-0011

Allow 30 days for processing.

OFFICE USE ONLY	
PRE-APPROVAL DATE	
PWSID #	
SOURCE ID NUMBER	
DATE RECEIVED	
DATE APPROVED	
CONDITIONAL?	



PUBLIC WATER SUPPLY WELL APPROVAL PROCEDURE WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL COMMUNITY WATER SYSTEM

Community public water systems serve water to people in their homes. Examples include water districts, water departments, mobile home parks, and nursing homes. Final approval of a well for a community water system requires satisfactory results for:

Inorganic Parameters (*Test E1 at State Lab*): A good indicator of general ground water quality. Includes: nitrate, nitrite, chloride, hardness, fluoride, copper, iron, manganese, zinc, arsenic, barium, cadmium, chromium, lead, mercury, silver, selenium, sodium, color, turbidity, pH, total coliform bacteria.

Volatile Organic Compounds (*Test N at State Lab*): EPA method 502.2. A screening procedure which can detect the presence of more than 50 different hydrocarbon compounds including gasoline, kerosene, #2 fuel oil and many industrial solvents.

Extended Inorganics (*Test TE3 at State Health Lab*): A test for nickel, antimony, beryllium, sulfate, cyanide, and thallium.

Radon in Water (*Test S at State Lab*): A test which indicates the activity of radon gas, a naturally occurring radioactive gas which occurs at elevated levels in some Maine ground water.

Gross Alpha (*Test U at State Lab*): A test for radioactivity exclusive of that from radon. Usually indicates the presence of uranium or radium.

Semi-volatile Organic Screen (*Test O at State Lab*): A test for higher boiling point organic compounds which follows EPA method 525.1.

Herbicide Screen (*Test Q1 at State Lab*): EPA method 515.1. Will detect the presence of several widely used herbicides.

Carbamate Pesticides (*Test Q3 at State Lab*): EPA method 531.1. Will detect the presence of several widely used pesticides including carbofuran, aldicarb, and carbaryl.

Pesticide Screen (*Test TCP at State Lab*): EPA method 508. Will detect the presence of selected chlorinated hydrocarbon pesticides and PCBs.

You can use the State Health and Environmental Testing Laboratory (State Health Lab) or another certified testing laboratory. For a list of labs certified by the State of Maine, contact the Drinking Water Program at (207) 287-2070. To order bottles from the State Health Lab, call (207) 287-1716.

Water System Component Checklist & Questionnaire

The well approval procedure focuses primarily on the water source and the physical well itself. Compliance of the entire water system will be evaluated during a comprehensive inspection completed by the Drinking Water Program. Please check off the components that are, or will be, part of the water system. Include notes as needed.

Facility Name: _____ Date: _____

☐ Submersible well pump

☐ Above ground suction well pump

☐ Bladder pressure tank(s)

Qty _____

Size(s) (gal) _____

☐ Hydropneumatic pressure tank

Size (gal): _____

☐ Atmospheric storage tank & pump

Size (gal): _____

☐ Gravity storage tank

Size (gal): _____

☐ Sediment filter

Type:

☐ Water meter

☐ Treatment (please

specify): _____

What is supplied by this water system (buildings/units/etc.)?

Other water system information:

[DWP Staff Note: Please forward a copy of this sheet to the Field Services Manager]